



## Howard County Fire and Rescue Services Leave / Overtime Request

Name \_\_\_\_\_ Social Security # \_\_\_\_\_  
Last First Middle

Shift ☐ A ☐ B ☐ C ☐ Staff Station \_\_\_\_\_

☐ Annual (ANN) ☐ Sick (SCK) ☐ Official Leave (OFF) ☐ Compensatory ☐ Personal (PER) ☐ Other  
☐ Union Leave (UNL) ☐ Funeral Leave (BRV) ☐ Court Time (CTO) ☐ Jury Duty (JUR) ☐ Military (MIL)

☐ Overtime ☐ 1 Call (CLF) ☐ 3 Training Academy ☐ 5 Special Program ☐ 6 Training  
☐ 2 Staffing (OVT) ☐ 4 Call Back (CLF) ☐ 7 Other \_\_\_\_\_

Shift Dates	# Hours	Time Start	Time End	Payroll Code

Total Hours

### Comments

Employee's Signature \_\_\_\_\_ Date \_\_\_\_\_

☐ Approved ☐ Disapproved

\_\_\_\_\_  
Shift Supervisor

\_\_\_\_\_  
District Officer

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date